

APPLICATION FOR PROPOSED PROJECT TRANSPORTATION ENHANCEMENT

North Dakota Department of Transportation, Local Government
SFN 19087 (Rev. 10-2001)

You may use additional sheets to further describe your project.

1. Project Name				
2. Project Location				
3. Requested By				
4. Contact Person Name			Phone	
4. Street Address		City	State	Zip
5. Project Sponsor		6. Sponsoring Official		Phone
6. Sponsor's Street Address		City	State	Zip

7. What enhancement activity category/categories do you feel your project falls within? (Select all that apply)					
(1)	a.	b.	c.	(2) a. b. c. d. e.	(3) a. b. c.
8. Project description:					
9. Project cost:					

10. Explain how this project relates to surface transportation.

11. Who will own this property when the project is completed?

12. Matching funds provided by:

13. Right of way for this project will be provided by:

14. Maintenance of this project will be provided by:

15. Environmental Impacts: attach brief discussion of the environmental impacts of your project:

16. Is this project part of an identified tourism, recreation or Transportation Plan and if so explain?

17. Anticipated number of annual users:

18. This project is supported by:

19. Signatures

Contact Person

Date

Sponsor

Date

MPO Official

Date